

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 3
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Right to Rise USA			FEC IDENTIFICATION NUMBER ▼ C C00571372		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee McCarthy Hennings Whalen, Inc.			Date of Public Distribution/Dissemination 12 / 18 / 2015		
Mailing Address 1850 M Street NW, Suite 235			Amount 4172.98		
City Washington State DC Zip Code 20036		Transaction ID : 001 Date of Disbursement or Obligation 12 / 19 / 2015			
Purpose of Expenditure Media production		Category/Type 004			
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
18861829.93					
Full Name of Payee McCarthy Hennings Whalen, Inc.			Date of Public Distribution/Dissemination 12 / 18 / 2015		
Mailing Address 1850 M Street NW, Suite 235			Amount 4172.98		
City Washington State DC Zip Code 20036		Transaction ID : 002 Date of Disbursement or Obligation 12 / 19 / 2015			
Purpose of Expenditure Media production		Category/Type 004			
Name of Federal Candidate Jeb Bush			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
9522319.52					
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			8345.96		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Charles R. Spies</i>		[Electronically Filed]		Date 12 / 20 / 2015	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) Right to Rise USA	FEC IDENTIFICATION NUMBER ▼ C C00571372
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee McCarthy Hennings Whalen, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 18 / 2015	
Mailing Address 1850 M Street NW, Suite 235			Amount 4172.98	
City Washington	State DC	Zip Code 20036	Transaction ID : 003	
Purpose of Expenditure Media production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 19 / 2015	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC	
Calendar Year-To-Date Per Election for Office Sought		6671081.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee McCarthy Hennings Whalen, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 18 / 2015	
Mailing Address 1850 M Street NW, Suite 235			Amount 4172.97	
City Washington	State DC	Zip Code 20036	Transaction ID : 004	
Purpose of Expenditure Media production		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 19 / 2015	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought		381256.67	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8345.95
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
12 / 20 / 2015

Signature

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee McCarthy Hennings Whalen, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 12 / 18 / 2015	
Mailing Address 1850 M Street NW, Suite 235		Amount 4172.97	
City Washington	State DC	Zip Code 20036	Transaction ID : 005
Purpose of Expenditure Media production for national cable media buy	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 12 / 19 / 2015	
Name of Federal Candidate Jeb Bush		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 8290568.15		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4172.97
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	20864.88

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Charles R. Spies

[Electronically Filed]

Date

MM / DD / YYYY
12 / 20 / 2015

Signature